	იიი	
.∓orm	770	

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

••••	511 50 NO), 521	, 01 4047	2)(1) 01 1110 11	iterriar ric	venue oo	ac (croch:	private io	una
>	Do not enter	social sec	curity numbe	ers on this	form as a	t may be m	ade publi	C., <

Department of	the treasury
Internal Revent	ue Service

Do not enter social security numbers on this form as it means the security numbers of the security numbers on this form as it means the security numbers of the security numbers on this form as it means the security numbers of th	atest information.	Open to Public Inspection
For the 2017 calendar year, or tax year beginning OCT 1, 2017 and ending Check if applicable Address change MEALS ON WHEELS OF POLK COUNTY INC	SEP 30, 2018	
Check if applicable Address change MEALS ON WHEELS OF POLK COUNTY INC	*****	ation number
Address MEALS ON WHEELS OF POLK COUNTY INC	D Employer Identifica	
	1	ation number
Name		
_lchange		127004
return Number and street (or P U box if mail is not delivered to street address) Room/s		
return/ 620 6TH STREET NW	863-2	399-1616
ated City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	922,249.
return WINIER HAVEN, FL 33061-4011	H(a) Is this a group reti	
Triane and address of principal officer SUSAN ELDKIDGE	for subordinates?	
Tax-exempt status X 501(c)(3) 501(c) () (insert no) 4947(a)(1) or ✓	H(b) Are all subordinates incl	
Tax-exempt status X 501(c)(3) 501(c) () ((insert no) 4947(a)(1) or 6 Website: ► WWW .MEALSONWHEELSPOLK .COM	H(c) Group exemption	ist (see instructions)
	Year of formation: 1972 M	
art I Summary		
1 Briefly describe the organization's mission or most significant activities <u>PROVIDES</u> THOSE WHO NEED ASSISTANCE.	3 OVER 74,000 M	MEALS TO
THOSE WHO NEED ASSISTANCE. Check this box Inf the organization discontinued its operations or disposed of a Number of voting members of the governing body (Part VI, line 1a)	more than 25% of its net ass	sets
3 Number of voting members of the governing body (Part VI, line 1a)	3	18
4 Number of independent voting members of the governing body (Part VI_line 1b) FD_	4	0
5 Total number of individuals employed in calendar year 2017 (Part Vi line 15) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12	5	26
6 Total number of volunteers (estimate if necessary)	0 6	0
7 a Total unrelated business revenue from Part VIII, column (C) line 12	\SH 7a	28,923.
6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990 T, line 35	7b	0.
ا الأستان الألفاء المستادة الم	Prior Year	Current Year
1 0 0 0 4 5 4 5 6 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6	237,505.	281,358.
9 Program service revenue (Part VIII, line 2g)	249,623.	261,881.
9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,389.	28,269.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	161,549.	196,924.
12 Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	663,066.	768,432.
13 Grants and similar amounts paid (Part IX, column (A), lines 1 3)	0.	0.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	288,219.	340,619.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) 9,263.		
17 Other expenses (Part IX, column (A), lines 11a 11d, 11f 24e)	359,424.	446,464.
18 Total expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	647,643.	787,083.
19 Revenue less expenses Subtract line 18 from line 12	15,423.	<u>-18,651.</u>
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,141,155.	1,122,030.
21 Total liabilities (Part X, line 26)	4,681.	4,207.
22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block	1,136,474.	1,117,823.
	tatamenta and to the best of	knowledge and helpf stor
der penalties of perjury, I declare that I have examined this return, including accompanying schedules and sta		knowledge and delief, it is
e, correct, and complete Declaration of preparer (other,than officer) is based on all information of which preparer	parer has any knowledge	-19
Charter at officer	Date	
gii , arrany		
Type or print name and title		
Print/Type preparer's name Preparer's stgl ature	Date Check X	PTIN
GEORGE TRENEN BUSH	01/16/19 of self-employed	~ ↓
ON ALLECTROLIC EXCENSION COLORS 11 CONTROL 1		59-3665630
	TENTIN'C FINE	
eparer Firm's name GEORGE TRENEN BUSH .P.A. & CO., P.A	A . Firm's EIN	
e Only Firm's name GEORGE TRENEN BUSH J.P.A. & CO., P.A. e Only Firm's address 205 AVENUE K, SE		
eparer Firm's name GEORGE TRENEN BUSH .P.A. & CO., P.A	Phone no 863	

-orm	990 (2017) MEALS ON WHEI	ELS OF POLK COUNTY INC	59-1427004 Page 2
Pa	rt III Statement of Program Service Ac	complishments	
	Check if Schedule O contains a response or i	note to any line in this Part III	
1	Briefly describe the organization's mission TO PROVIDE MEALS TO THOSE	E IN NEED OF ASSISTANCE	
2	prior Form 990 or 990-EZ?	ram services during the year which were not listed on the	Yes X No
3	If "Yes," describe these new services on Schedule Did the organization cease conducting, or make sig	O inificant changes in how it conducts, any program services	Yes X No
	If "Yes," describe these changes on Schedule O		
4		plishments for each of its three largest program services, quired to report the amount of grants and allocations to of	
4a		31. including grants of \$) (Rev	venue \$ 261,881.)
	TO PROVIDE HOT NUTRICIOUS	MEALS TO THE ELDERLY OR INFI	
	NO COST TO THE RECIPIENT. OFFERING LOW-COST HOUSEHOL	APPROXIMATELY 370 MEALS PRO	VIDED DAILY AND
	OFFERING LOW-COST HOUSEHOL	TO GOODS TO THOSE IN NEED.	
			
4b	(Code) (Expenses \$	including grants of \$) (Rev	renue \$)
40	/o) (a	
4c	(Code) (Expenses \$	including grants of \$) (Rev	enue \$)
	<u> </u>		
		····	
			·
			
4d	Other program services (Describe in Schedule O)		
	(Expenses \$ including grain)
4e	Total program service expenses	389,931.	F. 000 (00.17)
			Form 990 (2017)

Part IV | Checklist of Required Schedules

			res	NO
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		.,	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	_2_	_^_	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		х
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	- "		^
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		^
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 21
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		
9	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	-,-		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10° If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			7,7
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4-		v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	٠,٠	v	
••	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
	complete Schedule G, Part III		990	(2017)
				(· · /

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	}	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No", go to line 25a	24a		_ X
b	Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b	l	Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
29	Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			1
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	_34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non charitable related organization?	'		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38_	X	
		Form	990	(2017)

Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 26 filed for the calendar year ending with or within the year covered by this return 2a Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886 T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). Х a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a 14h If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			LX.
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
þ	Enter the number of voting members included in line 1a, above, who are independent 1b 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3_		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		_X_
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u> X</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	<u>16a</u>		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	ie	
	for public inspection. Indicate how you made these available. Check all that apply			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	tinani	cial	
••	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	MEALS ON WHEELS - 863-299-1616			
	620 6TH ST NW, WINTER HAVEN, FL 33881-4011			

732006 11-28-17

-orm	മെറ	201	71

MEALS ON WHEELS OF POLK COUNTY INC

59-1427004 r

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a respons	se or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	box	not c , unle	Pos heck ss pe	rson	than is bot	h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DAN MANN	2.00			,,						0
TREASURER	2 00			X				0.	0.	0.
(2) CAROLINE SANTIAGO	2.00			,,						0
PRESIDENT	2 00			X				0.	0.	0.
(3) SANDI WILLIAMS	2.00			.					_	•
SECRETARY	40.00			Х	<u> </u>	<u> </u>		0.	0.	0.
(4) SUSAN ELDRIDGE	40.00	ł		.				72 702	0.	0
EXECUTIVE DIRECTOR	2.00		-	X		├─		73,703.	0.	0.
(5) CARI HERRINGTON	2.00			x				0.	0.	0.
VICE PRESIDENT	2.00			Λ				<u> </u>	<u></u>	<u>U•</u>
(6) KENNY MOORE	2.00			Х				0.	0.	0.
PAST PRESIDENT (7) MARILYN RIGGS	0.50	-		Λ	-	-		•	•	
BOARD MEMBER	0.30	1						0.	0.	0.
(8) CHRIS COLLANY	0.50					-				<u>.</u>
BOARD MEMBER	0.50							0.	0.	0.
(9) HEATHER MCCARTER	0.50					-				0.
BOARD MEMBER	0130							0.	0.	0.
(10) CYNTHIA DROFOOT RIGNANESE	0.50	_							•	
BOARD MEMBER	0100	İ						0.	0.	0.
(11) JERRY WILLIAMS	0.50									-
BOARD MEMBER								0.	0.	0.
(12) MARY ELLEN BAKER	0.50									
BOARD MEMBER		1						0.	0.	0.
(13) JEFF HAYES	0.50									-
BOARD MEMBER							L_	0.	0.	0.
(14) MICHAEL TANNER	0.50									
BOARD MEMBER								0.	0.	0.
(15) PAUL WOOD	0.50									
BOARD MEMBER								0.	0.	0.
(16) STEVE GRIFFITH	0.50									
BOARD MEMBER					L.			0.	0.	0.
(17) KEN NELSON	0.50									
BOARD MEMBER		<u> </u>				L		0,	0.	0.
732007 11-28-17										Form 990 (2017)

Form 990 (2017)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Er a	T VII	Check if Schedule O cont		or note to any lin	e in this Part VIII			
		OHOUNT CONTOURNE CONTO	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	er note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Sifts, Grants ar Amounts	b c	Federated campaigns Membership dues Fundraising events Related organizations	1a 1b 1c	125,438.				
Contributions, Gifts, Grants and Other Similar Amounts	f g	Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	its, and ve 1f	155,920.				
<u>0</u> <u>e</u>	<u>h</u>	Total. Add lines 1a-1f		•	281,358.			
_	_	MDATO		Business Code	250 561	250 561		
Program Service Revenue		MEALS RECYCLING		900099	259,561. 2,320.	259,561. 2,320.		
ogram Reve	d e						-	
P	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f		>	261,881.			
	3	Investment income (including other similar amounts)		•	25,769.		25,769.	
	4	Income from investment of tax	x-exempt bond p	proceeds				_
}	5	Royalties	() B = -1	() Do			··	
	۰.	Gross rents	(i) Real	(II) Personal				
	6 a							
	b	Rental income or (loss)						
	q	Net rental income or (loss)		•				
		Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	(/	2,500.				
	b	Less cost or other basis						
		and sales expenses		0.				
	С	Gain or (loss)		2,500.				
	d	Net gain or (loss)			2,500.		2,500.	
Other Revenue	8 a	Gross income from fundraisin including \$ 125,4	38. of					
Ş		contributions reported on line	1c) See					
ē		Part IV, line 18	а					
⇟│		Less direct expenses	b	0.				
		Net income or (loss) from fund	_		0.			- -
	9 a	Gross income from gaming ac						
		Part IV, line 19	a .	-				
		Less direct expenses Net income or (loss) from gam	b					
		Gross sales of inventory, less	_				··· ·	
	io a	and allowances		350,087.				
	h	Less cost of goods sold		153,817.				
		Net income or (loss) from sale		<u>133,017.</u>	196,270.			196,270.
Ī		Miscellaneous Revenu		Business Code				130/11/01
ŀ	11 a	MISCELLANEOUS I		900099	654.		654.	
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶]	654.			
	12	Total revenue See instructions			768,432.	261,881.	28,923.	<u> 196,270.</u>

	Check if Schedule O contains a respons			(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	72 702		72 702	
^	trustees, and key employees	73,703.		73,703.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	239,617.	100,641.	138,976.	
8	Pension plan accruals and contributions (include	239,011.	100,041.	130,970.	·
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	27,299.	8,349.	18,950.	
11	Fees for services (non-employees)	27,233.	0,313.	10,7301	
···					
b	· · · · · · · · · · · · · · · · ·				
c	A	5,100.		5,100.	
	Lobbying	<u> </u>		5/2001	
e	D (1) () () () () () ()				•
f	Investment management fees	2,121.		2,121.	
g	Other (If line 11g amount exceeds 10% of line 25,				
_	column (A) amount, list line 11g expenses on Sch O)	774.		774.	
12	Advertising and promotion	10,412.		10,412.	
13	Office expenses	39,340.		39,340.	
14	Information technology				
15	Royalties				
16	Occupancy	30,721.	14,303.	16,418.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	235.		235.	
20	Interest				
21	Payments to affiliates	45 - 56		00.000	
22	Depreciation, depletion, and amortization	47,720.	23,850.	23,870.	· · · · · · · · · · · · · · · · · · ·
23	Insurance	34,946.	11,068.	23,878.	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0)				
а	COST OF MEALS	209,404.	209,404.		•
b	DEDATED AND MATHEMATANCE	19,328.	8,450.	10,878.	
c	FUND RAISING EXPENSES	9,263.			9,263
d	D. 1	8,386.		8,386.	2,200
	All other expenses	28,714.	13,866.	14,848.	
25 25	Total functional expenses Add lines 1 through 24e	787,083.	389,931.	387,889.	9,263
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Check here if following SOP 98-2 (ASC 958-720)				

Part)	<u> </u>	Balance Sheet			
 -		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
1	1	Cash - non interest-bearing	84,195.	1	53,200
2	2	Savings and temporary cash investments		2	
3	3	Pledges and grants receivable, net		3	
4	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete	•		
1		Part II of Schedule L		5	
1	6	Loans and other receivables from other disqualified persons (as defined under	er		
	_	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributi			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
,		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Slassel 7	7	Notes and loans receivable, net		7	
ž ž	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	-
1 -	-	Land, buildings, and equipment cost or other		<u> </u>	-
'`	-	basis Complete Part VI of Schedule D 10a 1,322,19	2.		
	h	Less accumulated depreciation 10b 700, 45		100	621,740
11		Investments - publicly traded securities	423,312.		446,960
12		Investments - other securities See Part IV, line 11	123/3220	12	
13		Investments - program-related See Part IV, line 11		13	
14		Intangible assets		14	
15		Other assets See Part IV, line 11	130.	15	130
16		Total assets. Add lines 1 through 15 (must equal line 34)	1,141,155.	16	1,122,030
17		Accounts payable and accrued expenses	4,681.	17	4,207
18		Grants payable	•	18	*
19	9	Deferred revenue		19	
20	0	Tax exempt bond liabilities		20	
21	1	Escrow or custodial account liability Complete Part IV of Schedule D		21	
١		Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
		Complete Part II of Schedule L		22	
23 ا تَّ	3	Secured mortgages and notes payable to unrelated third parties		23	•
24		Unsecured notes and loans payable to unrelated third parties		24	
25	5	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
26	6	Total liabilities. Add lines 17 through 25	4,681.	26	4,207
		Organizations that follow SFAS 117 (ASC 958), check here	t l		
န္		complete lines 27 through 29, and lines 33 and 34.			
<u> </u>	7	Unrestricted net assets	1,136,474.	27	1,117,823
28	В	Temporarily restricted net assets		28	
<u> </u>	9	Permanently restricted net assets		29	
Net Assets or Fund balances 2.2 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3 3.3		Organizations that do not follow SFAS 117 (ASC 958), check here]		
5		and complete lines 30 through 34.			
S 30	0	Capital stock or trust principal, or current funds		30	
3	1	Paid in or capital surplus, or land, building, or equipment fund		31	
K 32	2	Retained earnings, endowment, accumulated income, or other funds		32	
ž 33		Total net assets or fund balances	1,136,474.		1,117,823
34		Total liabilities and net assets/fund balances	1,141,155.		1,122,030

Form **990** (2017)

	990 (2017) MEALS ON WHEELS OF POLK COUNTY INC	59-1	427004	Page 12
·Pa	t XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	, ,	_ .	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>3,432.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>7,083.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		<u>3,651.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,136	5,474 <u>.</u>
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	1,117	7,823.
Pa	t XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a]	
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,		
	consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit		
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2017)

SCHEDULE A

. (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2017

Open to Public Inspection

Nan	ne of t	the organization							identification nun	nber
				S OF POLK CO					<u>9-1427004</u>	
Pa	rt I	Reason for Public	Charity Status (All organizations must co	mplete th	is part) Si	ee instruction	s		
The	organ	ization is not a private found	fation because it is	(For lines 1 through 12, o	heck only	one box)			1	
1		A church, convention of ch	urches, or association	on of churches described	d in section	n 170(b)(1)(A)(ı).	<i>P</i>	\searrow	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90·EZ))			77	
3		A hospital or a cooperative					u).			
4	一	A medical research organiz)(III). Enter	the hospital's name	е.
•		city, and state		,				,,,,,,	·	•
5		An organization operated for	or the benefit of a co	ollege or university owner	d or operat	ted by a o	overnmental	ınıt describ	ned in	
Ŭ		section 170(b)(1)(A)(iv). (C			- ог орога	,				
6		A federal, state, or local go		mental unit described in	section 17	70(h)(1)/A)	(v)			
	$\overline{\mathbf{x}}$	An organization that norma	-				• •	he general	nublic described in	
′	تما	<u> </u>	•	intial part of its support i	rom a gov	emmema	unik or nom	ile general	public described ii	1
_	Γ	section 170(b)(1)(A)(vi). (C		(4VAV.) (Camplete Dam						
8	\vdash	A community trust describe	• •							
9	ш	An agricultural research org	-		•	-		-	-	
		or university or a non-land-o	grant college of agric	culture (see instructions)	Enter the	name, city	y, and state o	the colleg	e or	
		university								
10	Ш	An organization that norma		· ·	•			•	•	
		activities related to its exen		,				• •	-	
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	iired by the o	rganization	after June 30, 1975	5
		See section 509(a)(2). (Co	mplete Part III)							
11		An organization organized	and operated exclus	ively to test for public sa	fety See	section 50	09(a)(4).			
12	ш	An organization organized	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to c	arry out the	purposes of one o	r
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2)	See section	509(a)(3). (Check the box in	
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line:	s 12e, 12f, an	d 12g		
а	L		anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	upporting	
		organization You must o	complete Part IV, Se	ections A and B.						
b		Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	ving	
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported	
		organization(s) You mus	t complete Part IV.	Sections A and C.	•					
С		Type III functionally inte	•		ın connec	tion with,	and functiona	illy integrati	ed with,	
		its supported organizatio	•					, ,		
d		Type III non-functionally						rted organi	zation(s)	
_		that is not functionally int						_		
		requirement (see instruct	-		•			a a a		
_		Check this box if the orga	•	•				II Type III		
-		functionally integrated, of					rype i, type	ii, iypo iii		
	Ente	er the number of supported		many integrated support	ing organi	Lation				
		vide the following information	•	ad arganization(a)					L	
g		i) Name of supported	(ii) EIN	(III) Type of organization	(iv) Is the orga	nization listed	(v) Amount o	fmonetary	(vi) Amount of oth	er
		organization	,,,,	(described on lines 1-10	Yes	ng document?	support (see II	•	support (see instruct	
				above (see instructions))	163				-	
					İ					
_										

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning ın) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants ")		583,032.				583,032.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge						
4	Total. Add lines 1 through 3		583,032.				583,032.
	The portion of total contributions		, , , , , , , , , , , , , , , , , , ,	•			1
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4						583,032.
	ction B. Total Support				·		1 30070021
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4		583,032.	•			583,032.
8	Gross income from interest,		,		-		
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		10,907.				10,907.
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						593,939.
	Gross receipts from related activities,	etc (see instruct	ions)		L	12	1 333,333.
	First five years. If the Form 990 is for		•	fourth or fifth t	ay year as a secti		
	organization, check this box and stop	_	o mot, second, time	, roartir, or mare	ax year as a seen	511 50 1 (0)(0)	▶ []
Sec	ction C. Computation of Publi	ic Support Pe	ercentage	·····			
14	Public support percentage for 2017 (I	ine 6, column (f) c	divided by line 11, co	olumn (f))		14	98.16 %
15	Public support percentage from 2016	Schedule A, Part	t II, line 14	.,,		15	98.16 %
16a	33 1/3% support test - 2017. If the o	rganization did n	ot check the box on	line 13, and line	14 is 33 1/3% or	more, check this b	
	stop here. The organization qualifies	as a publicly supp	ported organization				$\triangleright x$
b	33 1/3% support test - 2016. If the o	organization did ne	ot check a box on lir	ne 13 or 16a, and	d line 15 is 33 1/39	% or more, check	this box
	and stop here. The organization quali	fies as a publicly	supported organiza	tion			▶□
17a	10% -facts-and-circumstances test	t - 2017. If the org	ganization did not ch	neck a box on line	e 13, 16a, or 16b,	and line 14 is 10%	6 or more,
	and if the organization meets the "fac	ts-and-circumstar	nces" test, check the	s box and stop I	here. Explain in Pa	art VI how the orga	anization
	meets the "facts and circumstances"			· ·		-	▶□
b	10% -facts-and-circumstances test			•	-	17a, and line 15 is	s 10% or
	more, and if the organization meets th	•	=				
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organizatio						ns 🕨

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

	quality diluci the tests listed b	elow, please comp	nete rait ii j				
Se	ction A. Public Support				-,	<u>,</u>	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that		-				
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-					· · · · · · · · · · · · · · · · · · ·	-
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge			_			
_	Total. Add lines 1 through 5						
	<u>-</u>						
/ a	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons			 			
C	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			1			
	amount on line 13 for the year						
	: Add lines 7a and 7b		/	-	· · · · · · · · · · · · · · · · · · ·	·	
	Public support. (Subtract line 7c from line 6)			<u> </u>			1
	ction B. Total Support	1	/			Ţ	
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,	/	7				
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975					L	
	: Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI) Total support (Add lines 9, 10c, 11 and 12)						
	First five years. If the Form 990 is for	r the organization's	s first second thi	rd fourth or fifth t	ax vear as a sectu	on 501(c)(3) organi	zation
•	check this box and stop here	ino organization c	, mar, 5555ma, mm	ia, ioaiai, oi iiiai i	an your as a sooin	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_
Sec	ction C. Computation of Publ	ic Support Per	rcentage			<u>.</u>	
	Public support percentage for 2017 (column (fl)		15	%
	Public support percentage from 2016			coluiriii (i))		15	
	ction D. Computation of Investigation					10	70
						4-	
	Investment income percentage for 20			ne 13, column (1))		17	<u>%</u>
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2017. If the						1 / is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2016. If the						and
	line 18 is not more than 33 1/3%, che	eck this box and st	op here . The orga	inization qualifies	as a publicly supp	orted organization	▶∟
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	<u> </u>
7320	23 10-06-17				Sch	edule A (Form 99	0 or 990-E Z) 2017

732023 10-06-17

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E	If you checked 12	2d of Part I, compl
Section A	A. All Supporting	Organizations	\$

ec	tion A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
•	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
2	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
32	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
Sa	(b) and (c) below	3a		
L		Sa		
D	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and		.	
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	۵.		
_	organization made the determination	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
4-	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
_	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		
D	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	4.		
_	despite being controlled or supervised by or in connection with its supported organizations.	4b		
Ç	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	1 4-		
- -	purposes	4c		
эа	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			
L	was accomplished (such as by amendment to the organizing document)	<u>5a</u>		
D	Type I or Type II only. Was any added or substituted supported organization part of a class already	-		
_	designated in the organization's organizing document?	5b		
	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.			
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	6		
•	(defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with			
	regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
•	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
Qa	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
Ju	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
h	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	34		
٠	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit	30		-
J	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
Ωa	Was the organization subject to the excess business holdings rules of section 4943 because of section	30		
Ja	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		
h	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	100		

determine whether the organization had excess business holdings

Sche	dule A (Form 990 or 990 EZ) 2017 MEALS ON WHEELS OF POLK	COU	NTY INC	59-1427004 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ig Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov 20, 1970 (explain	in Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
<u>c</u>	Fair market value of other non-exempt use assets	1c	<u></u>	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	<u> </u>		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	****	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	lly integra	ited Type III supporting o	organization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Sche Pa	dule A (Form 990 or 990 EZ) 2017 MEALS ON WHEE TV Type III Non-Functionally Integrated 509			9-1427004 Page 7
Ь—	ion D - Distributions	(a)(a) aapparang arg	arria (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	emnt nurnoses		Guijent real
	Amounts paid to perform activity that directly furthers exemp			
۷	organizations, in excess of income from activity	pr purposes or supported		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	18	
4	Amounts paid to acquire exempt use assets	co or supported organization	13	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions, Add lines 1 through 6			
 8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
Ŭ	(provide details in Part VI) See instructions	no organization to reopendit	•	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		 	
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(iı) Underdistributions Pre-2017	(III) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
<u>c</u>	From 2014			
<u>d</u>	From 2015			
<u>e</u>	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2017 distributable amount			
!_	Carryover from 2012 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	fine 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
C	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			
_8	Breakdown of line 7			
	Excess from 2013			
	Excess from 2014			
<u> </u>	Excess from 2015			
<u>d</u>	Excess from 2016			
_	Evanos from 2017	1	l .	1

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990 E	Z) 2017 MEALS	ON MHEEL	S OF POLK CO	DUNTY INC	59-142/004 Page 8
Part VI	Supplemental Part IV, Section A, line 1, Part IV, Section 1	Information. lines 1, 2, 3b, 3c, tion D, lines 2 and	Provide the explana 4b, 4c, 5a, 6, 9a, 9b 3. Part IV, Section (tions required by Part 5, 9c, 11a, 11b, and 11 E, lines 1c, 2a, 2b, 3a, i	II, line 10, Part II, line 17a or c, Part IV, Section B, lines 1 and 3b, Part V, line 1, Part V	17b, Part III, line 12, and 2, Part IV, Section C, , Section B, line 1e, Part V.
	Section D, lines 5, (See instructions)	6, and 8, and Par	t V, Section E, lines	2, 5, and 6 Also comp	lete this part for any addition	nal information
						
					<u>.</u>	<u>.</u>
						
				·		
				111111111111111111111111111111111111111		
						
	 					
						•
					<u></u>	
						•
-						
	-=	 	*-			
						
_						

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Inspection

Name of the organization

MEALS ON WHEELS OF POLK COUNTY INC

Employer identification number 59-1427004

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, Iir		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be i	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose o	conferring
_	impermissible private benefit?		Yes No
Pa			art IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply)	
	Preservation of land for public use (e.g., recreation or	education) Preservation of a histo	rically important land area
	Protection of natural habitat	Preservation of a certif	fied historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic st	, ,	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year ▶	_	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe		— —
	violations, and enforcement of the conservation easements		└── Yes └── No
6	Staff and volunteer hours devoted to monitoring, inspecting	, nandling of violations, and enforcing cons	ervation easements during the year
_		dl	
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservat	ion easements during the year
	Door each conservation assembly reported on line 2(d) she	us patisfy the requirements of section 170/	DV4V(B)(i)
8	Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 1700	Yes No
9	In Part XIII, describe how the organization reports conservat	ion escements in its revenue and evnense	
9	include, if applicable, the text of the footnote to the organization	·	
	conservation easements	mon s iniancial statements that describes t	ne organization s accounting for
Pai	rt III Organizations Maintaining Collections of	f Art. Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Forn		
1a	If the organization elected, as permitted under SFAS 116 (A		ent and balance sheet works of art.
	historical treasures, or other similar assets held for public ex		
	the text of the footnote to its financial statements that descr		,
b	If the organization elected, as permitted under SFAS 116 (A)		and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	•	•
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1		-
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

732051 10-09-17

Sche •Pa		N WHEELS O							27004 ts /continue	
3	Using the organization's acquisition, access									
	(check all that apply)				_	_				
а	Public exhibition	c	ı 🗀	Loan or exc	hange progr	ams				
b	Scholarly research	e	, 🗀	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how t	hey further t	he organizat	ion's exemp	ot purpo	se in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	ier similar a:	ssets			
r	to be sold to raise funds rather than to be m					<u>-</u>			Yes	No_
Pai	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	e organizatio	on answered	"Yes" on Fo	orm 990), Part IV,	line 9, or	
1a	Is the organization an agent, trustee, custod		diary for	contribution	ns or other as	sets not in	cluded	·		
	on Form 990, Part X?									
h	b If "Yes," explain the arrangement in Part XIII and complete the following table									
	ros, explain the arrangement in rate xin	and complete the re	,ovv.ii.ig	table					Amount	
c	Beginning balance						1c		- Miloune	
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on F	orm 990. Part X. line	21. for	escrow or c	ustodial acco	ount liability			Yes	☐ No
	If "Yes," explain the arrangement in Part XIII							<u> </u>		
Par										
		(a) Current year		rior year	(c) Two yea		Three y	ears back	(e) Four ye	ears back
1a	Beginning of year balance				' '				` , _ ,	
b	Contributions									
С	Net investment earnings, gains, and losses								-	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1	g, column (a	a)) held as					
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%								
3a	Are there endowment funds not in the posse	ession of the organiz	ation the	at are held a	ınd admınıste	ered for the	organız	ation		
	by								Y	es No
	(i) unrelated organizations								3a(ı)	
	(ii) related organizations								3a(II)	
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?	ı				3b	
4	Describe in Part XIII the intended uses of the		wment	funds						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere			V, line 11a S	See Form 990), Part X, lin	e 10			
	Description of property	(a) Cost or o			or other	(c) Accu		d	(d) Book v	alue
		basis (investr	nent)		(other)	depre	ciation		 	
1a	Land				0,920.					<u>,920.</u>
b	Buildings			68	6,483.	38	5,63	38.	300	<u>,845.</u>
С	Leasehold improvements								<u>. –</u>	
	Equipment				9,815.		1,08			<u>,732.</u>
	Other				4,974.	21	3,73	31.		<u>,243.</u>
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	10c)				621	<u>,740.</u>

Schedule D (Form 990) 2017

Schedule D (Form 990) 2017	MEALS	ON	WHEELS	OF	POLK	COUNTY	INC
Part VII Investments - O	ther Secu	rities	3.				

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value			nd-of-year market value
1) Financial derivatives			·	<u> </u>
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)			· -	
(G)				
(H)				
ital (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value			nd of-year market value
	(b) Book value	(c) Method of	valuation Cost or er	iu or-year market value
(1)			 	
(2)				
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)				
(5) (6)				
(7)				
(8)				
(9)	•			
otal (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets.		· 		
Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11d See Form 99	0, Part X, line 15	
	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Column (b) must equal Form 990, Part X, col (B) line	15)			
Part X Other Liabilities.	5 000 5 111			_
Complete if the organization answered "Yes" (on Form 990, Part IV	, line 11e or 11f See Fo	orm 990, Part X, line 2	5
(a) Description of liability		(b) Book value	_	
			-	
(1) Federal income taxes				
(2)				
(2)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)			_	
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9)	251			
(2) (3) (4) (5) (6) (7) (8)		ote to the organization'	s financial statements	that reports the

732053 10-09-17

	edute D (Form 990) 2017 MEALS ON WHEELS OF POLK	COUNTY INC	59-1427004 Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Stat		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
– a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
	Add lines 2a through 2d		
e 2	Subtract line 2e from line 1		3
3			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.4-1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
C	Add lines 4a and 4b		4c
5 Da	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		es per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	l t	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
þ	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
			
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		5
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 rt XIII Supplemental Information.	2)	
Pa			5
Pa Prov	rt XIII Supplemental Information.	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	, Part IV, lines 1b and 2b, Part	5

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest instructions.

lame of the organization MEALS O	N WHEELS OF POLK C	OUN'	ΓY	INC		59-1427	ntification number
	Complete if the organization answe				line 17		
Indicate whether the organization rais	sed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursu	ion of i ion of i fundra (includ	non govern govern ising i ling of onal f	overnment grants nment grants events fficers, directors, true undraising services?	stees,	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(III) fundra have cu or cont contribu	rol of	(iv) Gross receipts from activity	tò (o f	Amount paid r retained by) undraiser ed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
	,						
							
otal 3 List all states in which the organizatio or licensing	n is registered or licensed to solicit o	contrib	utions	s or has been notified	d it is	exempt from re	egistration

732081 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

 $\label{eq:LHA} \mbox{ Harmonic Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.}$

Sch Pa	eđu irt l	e G (Form 990 or 990 EZ) 2017 MEALS O Fundraising Events. Complete if th	N WHEELS OF	POLK COUNTY "Yes" on Form 990, Par		1427004 Page 2 more than \$15,000
<u>د </u>		of fundraising event contributions and gro	-			
			(a) Event #1	(b) Event #2	(c) Other events	-
			HOLIDAY	SILENT	, ,	(d) Total events
				AUCTION	1	(add col (a) through
			(event type)	(event type)	(total number)	col (c))
ine			(Orom typo)	(Overletype)	(total trained)	
Revenue	1	Gross receipts	32,147.	92,165.	1,126.	125,438.
	2	Less Contributions	32,147.	92,165.	1,126.	125,438.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
SS	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary Add lines 4 through	9 in column (d)		•	
	11	Net income summary Subtract line 10 from li	ne 3, column (d)			_
Pa	rt l	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a				
d)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(c) Other gaining	col (a) through col (c))
eve						
-EL	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3,	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
		······································	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	□ No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
9	Ent	er the state(s) in which the organization condu	icts gaming activities			
а	ls t	he organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
		No," explain				
		· · · · · · · · · · · · · · · · · · ·				
		. —				
		re any of the organization's gaming licenses re Yes," explain		•	year [?]	Yes No
					0-1	000 000 E7\ 0047

Sch	edule G (Form 990 or 990-EZ) 2017 MEALS ON WHEELS OF POLK COUNTY INC 59-	<u> 1427004</u>	Page 3
•	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	∟ No
13	Indicate the percentage of gaming activity conducted in	1 1	
	The organization's facility	13a	<u>%</u>
	An outside facility	_13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\\$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party		
	Name >		
	Address ►		
16	Gaming manager information		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatan, diatah utang		
	Mandatory distributions Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
٥	organization's own exempt activities during the tax year > \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 1	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
-			
	·		
		-	· · · · · · · · · · · · · · · · · · ·

Schedule C	G (Form 990 or 990-EZ)	<u>MEALS</u>	ON WHEELS	<u>OF</u>	<u>POLK</u>	<u>COUNTY</u>	INC	<u> 59-1427004</u>	Page 4
∙Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (cor	ntinued)						
		· · · · · · · · · · · · · · · · · · ·							
									
	·								
			···-						
	•								
	 								
	· · · - · · · · · · · · · · · · · · · ·								
1	· · · · · · · · · · · · · · · · · · ·								
		 	 			 			
									
	· · · · · · · · · · · · · · · · · · ·								
									

SCHEDULE O

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information OMB No 1545-0047

Open to Public Inspection

Name of the organization MEALS ON WHEELS OF POLK COUNTY INC	Employer identification number 59-1427004
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS PRESENTED TO THE EXECUTIVE BOARD UPON COMPLE	TION FOR THEIR
PERUSAL BEFORE BEING SUBMITTED TO THE GOVERNING AUTHORIT	IES.
FORM 990, PART VI, SECTION C, LINE 19:	
WRITTEN NOTIFICATION IS PLACED ON THE ORGANIZATION'S WEB	SITE TO NOTIFY THE
PUBLIC OF THE AVAILABILITY OF THE APPROPRIATE DOCUMENTS	
·	